INCORPORATED VILLAGE OF LAKE GROVE OFFICE OF THE FIRE MARSHAL POST OFFICE BOX 708 LAKE GROVE, NEW YORK 11755

VOICE: 516-807-6412 FAX: 631-981-0965

PERMIT APPLICATION

Jobsite	e Type: [] New Construction	on	[] Renovatio	n of existing sp	pace/building	
An app	lication is hereby made to the	Fire Marshal by the	undersigned fo	or permission for	the following purpose:	
[]	Construction (2 sets of stamped plans and electronic copies and \$150.00 fee must accompany this application)					
[]	Fire Alarm System (3-sets of stamped plans, 2 sets of cut-sheets, electronic copy of all plans, a copy of the installers NYS Fire Alarm Installers License and \$250.00 fee must accompany this application)					
[]	Sprinkler System (2 sets of stamped plans electronic plans and \$100.00 fee must accompany this application)					
[]	Hood/Duct Installation (2 sets of stamped plans, electronic plans and \$100.00 fee must accompany this application)					
[]	Fixed Suppression System (2 sets-stamped plans, electronic plans, 2 sets-cut sheets and \$150.00 must accompany this application)					
[]	Propane/Natural Gas Installation (2 sets of stamped plans and \$50.00 fee must accompany this application)					
.[]	Other (specify) (documentation and fee will be determined by the Chief Fire Ma					
Date of application:				Fee attached:		
Applica	int Name (contractor/installer)					
Applica	int Address:					
Phone: Fax:				Contact:		
Job Lo	cation:					
Location Occupant Name:			Telephone:			
Locatio	n Owner:					
Locatio	n Owner Address:					
					onjunction with this application are the sole bursuant to §210.45 of the NYS Penal Law.	
Applicant Signature:			Date:			
codes, la requiren	mit is issued and accepted on co aws or requirements of the type o	of work being specified n the immediate revoc	on this applicati cation of this peri	on are fully compli mit. No responsibil	ed Village of Lake Grove and any/all additional ied with. Any violation of said codes, laws lity rests upon the Incorporated Village of	
NOTE 2 You are	l: required to provide/ include an a				t plans can be returned to you.	
D	D : 1/0: D !)		Office Use only			
Date/Tir	me Received (Stamp Below)	Number of Copies of plans received:				
		Date Reviewed by	y Fire Marshal		Date Sent to FD for Review:	
		Determination	[] Approved	[] Denied		
		FM Signature:			Date:	
		NOTE: A SIGNE	APPROVED C	OPY OF THIS FO	ORM MUST REMAIN ON SITE	